

Shipowners Insurance and Guaranty Company Ltd. (SIGCo)

Quarterly U. S. Voyage Declaration Form



Vessel Name: _____

Gross Tonnage: _____

Operator Name: _____

SIGCo Policy _____

No. _____

Period (Pls check) February 20, 20 __
 To May 19, 20 __

August 20, 20 __
 To November 19, 20 __

May 20, 20 __
 To August 19, 20 __

November 20, 20 __
 To February 20, 20 __

Voyage Number	Load/Discharge Date (US)	Port	L or D ¹	Offshore/ Loop (Y/N)	Cargo	P, NP Or O ²
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Completed By: _____

Position: _____

Date: _____

¹ L = Load; D = Discharge

² P = Persistent; NP = Non-Persistent; O = Other